(b) if so, the details thereof;

(c) what is the cost of treatment for each patient and whether it would by borne by Government; and

(d) what are the details of treatment centers that are proposed to be opened in Orissa?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) Recognizing the fact that the treatment of MDR-TB is very complex, the Revised National TB Control Programme (RNTCP) has adopted the internationally recommended and WHO endorsed DOTS-Plus guidelines for treatment. These guidelines promote full integration of DOTS with DOTS-Plus activities under RNTCP so that patients with MDR-TB are both correctly identifled and properly managed.

Diagnosis of MDR-TB is a laboratory diagnosis and not a clinical diagnosis. For the purpose of diagnosis of drug resistant cases, RNTCP plans to establish nation wide network of state level quality assured culture and Drug sensitivity laboratory facility Intermediate Reference Laboratory (IRL) in a phased manner. The aim is to have one such laboratory in each large state by 2009-10.

The treatment will be provided at the DOTS Plus sites which will be at limited number of highly specialized centers, at least one in each State with qualifled staff to manage the patients, and have a system to deliver ambulatory DOT after an initial short period of in-patient care 25 such DOTS Plus sites will be initiated in a phased manner similar to the establishment of Culture and DST labs. These sites will be linked geographically to the establishment of RNTCP accredited Intermediate Reference Laboratory (IRL).

The Intermediate Reference laboratories have been established in the States of Gujarat and Maharashtra and these laboratories are fully functional. Patients have been enrolled and treatment of these patients has been initiated.

(c) Per patient cost of treating MDR-TB case is estimated to be approximately Rs 1.4 lakh which will be borne by the Government.

(d) The state designated Intermediate Reference Laboratory (IRL) is in the process of being established at Cuttack. The civil works have been completed and the Culture and drug sensitivity equipments have been delivered which will be installed by the end of August, 2007. After the establishment of laboratory, the treatment of MDR-TB patients will be done using standardized second line drug regimen as per the DOTS-Plus guidelines at the designated state DOTS-Plus site identified by the state.

Hepatitis and other diseases

2069. SHRI M.V. MYSURA REDDY: Will Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of hepatitis-B/AIDS/TB/Polio/Cancer patients in the country;

(b) whether any national action plan has been formulated to eradicate the above diseases;

(c) if so, the details thereof and if not the reasons therefor; and

(d) by when the above diseases are likely to be eradicate in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Health is a State subject. The Government of India through various National disease control programmes supplement the efforts of the State Governments to control and prevent diseases like Hepatitis-B, AIDS, TB, Polio, Cancer etc. in the country. A statement in this regard is enclosed.

Statement

Various National diseases control programmes

Under the Pilot Project for the introduction of Hepatitis B vaccination in the National Immunization Programme Hepatitis B vaccination is given to infants in selected 15 cities and 33 districts in the country. Under this project AD syringes and Hepatitis B vaccine are supplied in kind by Global Alliance for Vaccine and Immunization (GAVI) through UNICEF. The project will come to an end by December 2007. Total reported number of hepatitis cases in the country are 152356.

National AIDS Control Programme

Under NACP – III (2007-12), a comprehensive plan has been developed to prevent and treat HIV / AIDS in the country with the goal to halt and reverse the epidemic in the country over the next 5 years by integrating programmes for prevention, care, support and treatment. This will be achieved through a four-pronged strategy by prevention of new infections in high risk groups and general population; providing greater care, support and treatment to larger number of People Living with HIV/AIDS (PLHAs); strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national level; strengthening the nationwide Strategy information Management System. The total reported number of AIDS cases as on 30.06.2007 in the country is 182787.

National TB Control Programme

So far as tuberculosis is concerned, to control TB, the Revised National TB Control Programme (RNTCP) widely known as DOTS, is being implemented in the country in a phased manner. Under the Programme, diagnosis and treatment facilities including supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the normal areas and for every 50,000 population in the tribal, hilly and difficult areas. More than 11500 microscopy centres have been established in the country. Treatment centres (DOT centres) have been established near to residence of patients to the extent possible. All government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs), Sub-centres are DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres. Drugs are

provided under direct observation and the patients are monitored so that they complete their treatment. The total number of reported bacillary pulmonary TB cases were around 38 lakh in the country.

A treatment success rate of more than 8 out of every 10 patients out on treatment under the revised strategy are being successfully treated as against below 4 in the earlier Programme. Till date, the RNTCP has placed more than 74.30 lakh patients on treatment thus saving more than 13 lakh lives.

Polio

Pulse Polio Immunization (PPI) was started in India in 1995-96. This was the largest public health intervention over taken up anywhere in the world. Till 1998-99, PPI consisted of vaccination of children at fixed booths on 2 National wide mass immunization campaigns every year called National Immunization Days (NID). During 2000-01, the immunization strategy was intensified by incorporating House-to-House activities so that the missed children during the booths day can be vaccinated by the team. This has resulted in increasing coverage of about 4 crore children. Apart from the strategy of vaccinating children at fixed booths and house-to-house visit, efforts in vaccination of children in transit at railway stations, inside long distance trains, major bus stops, market places, religious congregations, major road crossings etc. throughout the country have been intensified. Apart ftom this, house-to-house immunization campaigns mop-ups were conducted around fresh cases of polio from 2001-02.National immunization followed by Supplementary immunization rounds were conducted in UP, Bihar and high risk districts in the year 2007.Monovalent oral polio vaccine 1 and 3 (mOPV1 and mOPV3) is being used in the high risk districts to contain circulation of P1 and P3 Polio viruses. Social mobilization activities are being intensified by involving the local influences, community and religious leaders to improve community participation and acceptance of polio vaccine. Migratory population from UP and Bihar are identified and their children are covered under SNID in UP and Bihar. State political leadership and administration are continuously being updated on the identified gaps in implementation of the programme and the District Magistrates in turn are taking corrective measures through District Task Force formed to accelerate the programme implementation. The total number of reported Polio cases from 2004 to 2007 is 1039.

National Cancer Control Programme

It has been estimated that about 7-9 lakh new cancer cases are detected every year and at any given point of time there are 20 - 25 lakh cancer patients in the country. The National Cancer Control Programme being implemented by the Government of India aim at early detection and treatment of Cancer by providing specialized treatment facilities at various Regional Cancer Centres and specialized Government Hospitals. At present there are 25 Regional Cancer Centres in different parts of the country. The Programme also aims at creating awareness among the general public for prevention of the disease through Information Education Communication (IEC) activities through the District Cancer Control Programme in which various NGOs are also involved.